



18300 Miles Avenue
Cleveland, Ohio 44128
Phone: 800.321.9310
Fax: 800.441.5052

CREDIT APPLICATION FORM

Date: _____ Issued To: _____

Firm Name: _____ Trade Style: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

OWNERS OR AUTHORIZED OFFICERS OF CORPORATION

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Please check one:

Partnership Corporation LLC Individual Federal Tax I.D.: _____

Additional information required for conditional sales contracts under the uniform commercial code.

Debtor: (Individual Signing Contract): _____

Title: _____ Debtor's Social Security No. (Partnership/Individual): _____

Type of Business: _____ Date Started: _____

Estimated Annual Sales: _____

TRADE REFERENCES

1) Name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

2) Name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

3) Name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

Bank Name: _____ Account Number: _____

Address: _____

Contact: _____ Phone: _____ Fax: _____

By submitting this form, the applicant attest financial responsibility, ability to, and willingness to pay invoices in accordance with the terms and conditions of sale set forth by the Seller. Terms, if not otherwise specified, are 1/2% 10, net 30 days. The above information is for the purpose of obtaining credit and is warranted to be true by the applicant. I/We hereby authorize the firm to whom this application is made to, to investigate the references listed pertaining to my/our credit and financial responsibility.